55555	<b>a</b> Employee's social security number 598-08-1895	OMB No. 154	5-0008					
<b>b</b> Employer identification number 68-0535594	(EIN)	1 Waq	ages, tips, other compensation 28583.01 2 Federal income tax wi					
c Employer's name, address, and ZIP code  PVK CORPORATION				cial security wages 28583.01	4 Social security tax withheld 1772.15			
44081 PIPELINE PLAZA				edicare wages and tips 28583.01  6 Medicare tax withheld 414.4				
SUITE 105-5 ASHBURN VA 20147		<b>7</b> Soc	cial security tips 8 Allocated tips					
d Control number		9	10 Dependent care benefit					
e Employee's first name and initial Last name Suff.				Nonqualified plans 12a				
CHANDRA SHEKAR NAGARAM  3154 SOUTH FIELD DR				utory Retirement Third-party sick pay	12b			
HERNDON VA 20171  f Employee's address and ZIP coo	de			12d				
15 State Employer's state ID numb			ne tax 71.43	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
W O w	d Tay Statement		ד ר	Department of	f the Treasury-Internal Revenue Servic			

Form **W-Z** Wage and Tax Statement

Copy 1—For State, City, or Local Tax Department

		<b>a</b> Employee's 598-08-1895	social security number	OMB No. 154	5-0008	Safe, ac	* Alvie *	v f	Vis w		IRS website at .gov/efile	
b Employer identification number (EIN) 68-0535594					1 V	Vages, tips,	other compensation 28583.01	2 Federal income tax withheld 4619.80				
c Employer's	name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld			
PVK COR	PORATION				28583.01 1772					1772.15		
44081 PIF	ELINE PLAZA				5 Medicare wages and tips			6 Medicare tax withheld				
SUITE 10					28583.01				414.45			
					7 Social security tips			8 Allocated tips				
ASHBURN VA 20147												
d Control number				9 10 Dependent care benefits				enefits				
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a See instructions for box				for box 12					
CHANDRA SHEKAR NAGARAM				<u> </u>			d e					
				13 Statutory employee Patirement Third-party sick pay								
3154 SOUTH FIELD DR			14 Other			d e						
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HERNDON	HERNDON VA 20171						120	1				
4.5   1.710							d e					
f Employee's address and ZIP code					1							
1	oloyer's state ID numb	per 16	State wages, tips, etc.				cal wages, tips, etc.	<b>19</b> Lo	ocal income to	ax	20 Locality name	
VA 3068	0535594F001		28583.01 		171.43	·						
1												
i I												

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

	<b>a</b> Employee's social security number 598-08-1895	are required to file a tay return, a negligence penalty or other canci							
<b>b</b> Employer identification number ( 68-0535594	1 Waq	ges, tips, other compensation 2 Federal inc			ax withheld 4619.80				
c Employer's name, address, and	ZIP code		<b>3</b> Soc	cial security wages	4	4 Social security tax withheld			
PVK CORPORATION			28583.01 177						
44081 PIPELINE PLAZA				dicare wages and tips 28583.01	6	6 Medicare tax withheld 414.45			
SUITE 105-5 ASHBURN VA 20147	<b>7</b> Soc	cial security tips	8	8 Allocated tips					
d Control number	9	10 Dependent care benefit			oenefits				
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a See instructions for b					
CHANDRA SHEKAR 3154 SOUTH FIELD DR	NAGARAM		13 Statu	utory Retirement Third-party loyee plan sick pay	12b				
			<b>14</b> Oth	er	12c				
HERNDON VA 20171			12d						
f Employee's address and ZIP cod	e								
<b>15</b> State Employer's state ID numb VA 30680535594F001	er <b>16</b> State wages, tips, etc. 28583.01		e tax 71.43	18 Local wages, tips, etc.	<b>19</b> Lo	cal income tax	20 Locality name		
W_2 Wage and	d Tay Statement	בחכ	7	Department o	f the Ti	reasury—Internal I	Revenue Service		

Form VV

Safe, accurate, FAST! Use



Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

		a Employee's social security number						
		598-08-1895	OMB No. 154	5-0008				
<b>b</b> Employer identification number (EIN)				1 Wages, tips, other compensation 2 Federal income tax with				
	0535594			28583.01 4619.80				
c Employer's name, address, and ZIP code				3 Social security wages 4 Social security tax withheld				
PVK CORPORATION				28583.01 1772.15				
4408	31 PIPELINE PLAZA			5 Me	5 Medicare wages and tips 6 Medicare tax withheld 28583.01			
SUI	ΓE 105-5			7 0-				414.45
ASHBURN VA 20147					7 Social security tips 8 Allocated tips			
d Control number				9 10 Dependent care benefits				penefits
e Employee's first name and initial Last name Suff.			11 No	nqualified plans	12a			
e Linp	loyee 3 m3t hame and miliar	Last name	Ouii.	11 1401	iqualilled plaits	C	1	
CHAN	DRA SHEKAR	NAGARAM		13 Statu	utory Retirement Third-party	12b		
3154 SOUTH FIELD DR			employée plan sick pay C					
of the second se			14 Other 12c					
						o d e		
HERN	HERNDON VA 20171					12d		
						d e		
f Employee's address and ZIP code								
15 State	Employer's state ID numb				18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name
VA	30680535594F001	28583.01	1	471.43				
	1							

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service